

Registration Form

Name _____ Address _____

City _____ State _____ Zip _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please circle the appropriate area listed below from which you live:

Fayetteville Unincorporated Fayette County Town of Brooks PTC
Town of Tyrone Woolsey Another County (**ADD** 50% Surcharge to printed fee)

The undersigned participant or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages against the Fayette County Board of Commissioners and all employees and members of the same, for any claim arising out of any injury or damages to myself/child. By signing this release, I/the guardian consent to such participation and also verify that adequate medical insurance is in effect during this period. In the event of an emergency and I cannot be reached, I give permission for authorities of Fayette County Parks and Recreation Department to seek immediate medical attention for myself/my child.

I hereby consent to the use and reproduction of any and all photographs and/or video clips taken of me/my child in any form whatsoever for use in the Fayette County Parks and Recreation newsletter, brochures, flyers, on the County and department web sites, and in any other publications produced for the Fayette County Parks and Recreation Department. Consent is also granted for any use of my name /child's name in any part of those publications listed above. I have read this document and am fully aware of the content and limitations, legal and otherwise.

Print and sign your name clearly

Date

Witness

Date

Directions: Please print clearly. List each participant that lives at the same address & clearly place the date, time, and location of each class/activity next to the participant's name. Complete the form in its entirety and mail to:

**Fayette County Parks & Recreation Department
140 Stonewall Avenue West
Fayetteville, Georgia 30214**

Participant Name	Age	Activity	Date	Time	Fee
1.					
2..					
3.					
4.					
5.					

For office use only:

INITIAL: _____ DATE: _____ AMOUNT PAID: _____ CASH/CHECK # _____